### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER	MR MICHIEL	R	Date Received		
NAME					
	NICKNAME LAST	SUFFIX	2013 2013		
	NOE				
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	JAN C		
OFFICEHOLDER MAILING ADDRESS	1440 GEORGE DIETER, STE A	EL PASO, TX 79936	Date Hand-delivered or Postmarked		
change of address			Receipt # AmounDE O		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	ម្ចា ម្ចា		
OFFICEHOLDER PHONE	(915 ) 591-4444		Date Processed		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER NAME	MR RONALD	Е			
IVAIVIL	NICKNAME LAST	SUFFIX			
	PATE				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
TREASURER ADDRESS (residence or business)	1011 MONTANA AVE	EL PASO, TX	79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915 ) 532-8000	EXTENSION	:		
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	07 / 01 / 2012 THROUGH	12 / 31 /	<b>2</b> 012		
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	)		
	CITY REPRESENTATIVE				
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Co	de	44.4		
additional pages	,	:			
GO TO PAGE 2					

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 A	CCOUNT # (Ethics Commission Filers)				
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	CIT 2013				
	GENERAL SPECIFIC	COMMITTEE ADDRESS	CITY CLER 2013 JAN 15				
additional pages		. COMMITTEE CAMPAIGN TREASURER NAME	K DEP				
		COMMITTEE CAMPAIGN TREASURER ADDRESS	33 T				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,315.00				
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,691.35				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 13,536.90				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$ 23,500.00				
19 AFFIDAVIT							
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  SYLVIA ACUNA Notary Public, State of Texas My Cemmission Expires February 24, 2013  Signature of Candidate or Officeholder							
AFFIX NOTARY STAM	P / SEAL ABOVE						
		me, by the said, to certify which, witness my h					
Sylera	Acuria.	Sylvia Acura	Notary Public				
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath				

P.O. Box 12070

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAM	NS CITY CI	LERK DEPT	
	Linday dia Conida annia han da annia dhi		1 Total pages Sch	
I ne	Instruction Guide explains how to complete this			7
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
	MICHIEL NOE			
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
07/17/12	GARY PORRAS		500.00	1
	6 Contributor address; City; State; Zip Code			1
	359 W VINTON ROAD VINTO	N, TX 79821		<u> </u>
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	·	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/20/12	MARGARET S FAULKENBERRY		900.00	(eideeidae ii) iiriia.iia
	Contributor address; City; State; Zip Code	1 G . TTT . G . C . G		
	5305 HARBOR TOWN DALL.	AS, TX 75287		
			(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/20/12	GEORGE C WAYNE		365.00	<u> </u> 
	Contributor address; City; State; Zip Code	10 TX 70022		<u> </u>
	5595 WESTSIDE DR EL PAS	SO, TX 79932		1
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	'` Employer (See	Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	,	Amount of	In-kind contribution
07/20/12	MELCAN LTD	/	contribution (\$)	description (if applicable)
07/20/12	Contributor address; City; State; Zip Code		1800.00	' 
		SO, TX 79932		
		~ 0, 112 ///02		
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Timeipai occi	pation / 300 title (See matractions)	Employer (Gee	manuchona)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
07/20/12	ARMANDO LOPEZ	_	contribution (\$)	description (if applicable)
0 1/20/22	Contributor address; City; State; Zip Code		240.00	
	9353 VISCOUNT #1078 EL PA	SO, TX 79925		
				[
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
,	·	, , ,	<u> </u>	
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE	AS NEEDED	
If	contributor is out-of-state PAC, please see instr	uction guide forado	ditional reporting	requirements.

## **POLITICAL CONTRIBUTIONS**

CITY CLERK DEPT.

SCHEDULE A

(TDD 1-800-735-2989)

OTHER	THAN PLEDGES OR LOAI		5 PM 5: 03			
The	Instruction Guide explains how to complete this	1 Total pages Sch	nedule A:			
2 FILER NAME	MICHIEL NOE		3 ACCOUNT # (E	thics Commission Filers)		
4 Date 07/20/12				8 In-kind contribution description (if applicable)		
9 Principal occupation / Job title (See Instructions) 10 Employer (See In				of Texas, complete Schedule T)		
Date Full name of contributor out-of-state PAC (ID#)  07/20/12 ARMANDO LOPEZ  Contributor address; City; State; Zip Code  9353 VISCOUNT #1078 EL PASO, TX 79925		Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)			
Principal occu	Principal occupation / Job title (See Instructions) Employer (See I			of Texas, complete Schedule T)		
Date 07/20/12	Full name of contributor  out-of-state PAC (ID#_ BEVERLY M MADDEN Contributor address; City; State; Zip Code 1605 MISTY LANE WESLA	CO, TX 78596	Amount of contribution (\$) 385.00	In-kind contribution description (if applicable)		
Principal occu	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)		
Date 07/20/12	Full name of contributor out-of-state PAC (ID#_JAVIER PRADO  Contributor address; City; State; Zip Code  5705 SANTIS CT EL PAS	SO, TX 79932	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)		
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date 07/20/12	Full name of contributor out-of-state PAC (ID#_ RICKIE WILLIAMSON Contributor address; City; State; Zip Code 419 STOTTS EL PA	SO, TX 79932	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)		
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
lf	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					

contribution (\$)

50.00

Employer (See Instructions)

## POLITICAL CONTRIBUTIONS

P.O. Box 12070

CITY CLERK DEPT.

SCHEDULE A

	OTHER THAN PLEDGES OR LOANS 2013 JAN 15 PM 5: 03					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2	FILER NAME	MICHIEL NOE	3 ACCOUNT # (E	thics Commission Filers)		
4	Date 07/20/12	5 Full name of contributorout-of-state PAC(ID#)  12 DARRELL CHAMBLISS  6 Contributor address; City; State; Zip Code  12215 PERTHSHIRE RD EL PASO, TX 79912			8 In-kind contribution description (if applicable)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
	Date 07/20/12	Full name of contributor  out-of-state PAC (ID#_YVONNE DELGADO  Contributor address; City; State; Zip Code  11253 WAR FEATHER EL PAS	SO, TX 79936	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)	
	Principal occup	oation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	Date 07/20/12	Full name of contributor  out-of-state PAC (ID#_MELCAN LTD  Contributor address; City; State; Zip Code  5595 WESTSIDE EL PAS	SO, TX 79932	Amount of contribution (\$) 1,200.00	In-kind contribution description (if applicable)	
	Principal occup	pation / Job title (See Instructions)	Employer (See I	•	or rexus, complete ocheque 1)	
	Date 07/20/12		SO, TX 79925		In-kind contribution description (if applicable)	
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	Date	Full name of contributor	,	Amount of	In-kind contribution	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

240 THUNDERBIRD STE D EL PASO, TX 79912

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

07/20/12

DAN OLIVAS

Principal occupation / Job title (See Instructions)

Contributor address; City; State; Zip Code

description (if applicable)

(If travel outside of Texas, complete Schedule T)

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## CITY CLERK DEPT. SCHEDULE A

			ZUI3 JAN	115 PM 5: 0	)3
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2	FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
		MICHIEL NOE			
4	Date	5 Full name of contributor out-of-state PAC(ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution
	07/20/12	STANLEY JOBE		1,000.00	description (if applicable)
		6 Contributor address; City; State; Zip Code			
		1150 SOUTHVIEW DR EL PAS	O, TX 79928		
			•	(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	· · · · · · · · · · · · · · · · · · ·	or rexas, complete schedule 1)
				·	
Date Full name of contributor out-of-state PAC (ID#:)			Amount of	In-kind contribution	
	07/20/12	CARLOS AGUILAR III		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code		200.00	
		3430 DOUGLAS EL PAS	SO, TX 79903		
				//£ t t	(Tarrest Calendary
	Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
				· · · · · · · · · · · · · · · · · · ·	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/20/12	ALI BOURESLAN		100.00	description (ii applicable)
	1	Contributor address; City; State; Zip Code		700.00	<u> </u>
		3616 McRAE #A EL PA	SO, TX 79925		<u> </u>
		•		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
			· · · · · · · · · · · · · · · · · · ·		
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/20/12	GREGORY B BOWLING		400.00	1
		Contributor address; City; State; Zip Code		400.00	
		5533 WOODFIELD EL PAS	SO, TX 79925		1
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
_				A	In Ideal and Mark
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/20/12	DOUGLAS SCHWARTZ		1,000.00	 
		Contributor address; City; State; Zip Code	CO TV 70012	-	! 
		P.O. BOX 13611 EL PAS	SO, TX 79913		 
				•	I of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		ATTACH ADDITIONAL CODIES (	NE THIS SCUEDIN E	AS NEEDED	

#### CITY CLERK DEPT. POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

OTTILIT	2013 JAN 15 PM 5: 03					
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:		
2 FILER NAME	MICHIEL NOE		3 ACCOUNT# (E	thics Commission Filers)		
4 Date 07/20/12	5 Full name of contributor out-of-state PAC(ID#)  O/12 STANLEY JOBE  6 Contributor address; City; State; Zip Code  1150 SOUTHVIEW DR EL PASO, TX 79928			8 In-kind contribution description (if applicable)		
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)		
Date 07/20/12	Contributor address; City; State; Zip Code		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions) Employer (See			<u> </u>	of Texas, complete Schedule T)		
Date 07/20/12	Full name of contributor out-of-state PAC (ID#_ALI S BOURESLAN  Contributor address; City; State; Zip Code  3616 McRAE #A EL PAS		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occu	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date  Full name of contributor out-of-state PAC (ID#: 07/20/12  GREGORY B BOWLINGS  Contributor address; City; State; Zip Code			Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)		
Principal occu	upation / Job title (See Instructions)	Employer (See I		l of Texas, complete Schedule T)		
Date 07/20/12	Full name of contributor out-of-state PAC (ID#_DOUGLAS SCHWARTZ  Contributor address; City; State; Zip Code P.O. BOX 13611 EL PA	SO, TX 79913	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)		
Principal occu	upation / Job title (See Instructions)	Employer (See I		I of Texas, complete Schedule T)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED			

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

SCHEDULE A

	20B JAN 15 PM 5: 03					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:	
2	FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)	
		MICHIEL NOE				
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution	
	07/20/12	FRED LOYA		500.00	description (if applicable)	
		6 Contributor address; City; State; Zip Code			<u> </u>	
		12001 PASEO DE ORO EL PAS	SO, TX 79936			
				(If travel outside	of Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I		or results, complete contouring 17	
Date Full name of contributor out-of-state PAC (ID#:)			Amount of contribution (\$)	In-kind contribution description (if applicable)		
	07/20/12	EP ASSOCIATION OF BUILDERS	BUILD PAC	500.00		
		Contributor address; City; State; Zip Code				
		6046 SURETY DRIVE EL PAS	SO, TX 79905		1	
				(If travel outside	 of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See I			
		Full proper of contributors			la lain de lain de la lain de la lain de la lain de lain de lain de lain de la lain de lai	
	Date 07/20/12	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/20/12	Contributor address; City; State; Zip Code		100.00	† 	
		• • • • • • • • • • • • • • • • • • • •	SO, TX 79940		[	
		1.0. BOX 33	30, 12, 75540			
					of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	07/20/12	EL PASO FIRE FIGHTERS, LOCA	AL 51	contribution (\$) description (if application)		
		Contributor address; City; State; Zip Code		500.00		
		3112 FORNEY DR EL PAS	SO, TX 79935			
				(If the vel evitoide	of Toyon, complete Schoolule T	
	Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	07/20/12	RABA-KISTNER PAC		500.00		
		Contributor address; City; State; Zip Code		200.00		
		P.O. BOX 690287 SAN ANTO	NIO, TX 78269		1	
				(If travel outside	of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
		ATTAOU ADDITIONAL CODITO	e tule collecti :	ACNEEDED		
	If o	ATTACH ADDITIONAL COPIES C ontributor is out-of-state PAC, please see instr			requirements.	

# OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	O I I I I	THAT LLDGLG GR LGA	2013 JAN 15	PH 5: 03	
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2	FILER NAME	MICHIEL NOE		3 ACCOUNT # (E	ithics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#	)	7 Amount of	8 In-kind contribution
	07/25/12	ERIC MERRILL		contribution (\$) 250.00	description (if applicable)
	01123,12	6 Contributor address; City; State; Zip Code	, <b></b>	230.00	
			DS, TX 77380		
			00, 111		
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
_	1 thropes see	valion / out allo (ess montality)	10 Linpleys. (5==		
	Date	Full name of contributor	)	Amount of	In-kind contribution
	07/25/12	JAMES LITTLE		contribution (\$) 250.00	description (if applicable)
		Contributor address; City; State; Zip Code		250.00	
		54 WATERWAY CT WOODLAN	NDS, TX 77380		
	Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		,		,	
	Date	Full name of contributor	)	Amount of	In-kind contribution
	07/25/12	DAVID EDDIE	!	contribution (\$) 250.00	description (if applicable)
		Contributor address; City; State; Zip Code		230.00	
		5120 GREYSON CREEK EL DORA	DO HILLS, 🕍		
			!	(If travel outside (	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		or leves, somplete constant ty
_			<u> </u>		
	Date	Full name of contributor  ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/25/12	ERIC HANSEN		250.00	
		Contributor address; City; State; Zip Code		250.00	
		241 RUSHCLIFFE CT EL DORAD	O HILLS, CA	ļ .	
				(If travel outside o	 of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I		
_			<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/25/12	STEVEN BOUCK		250.00	  -
		Contributor address; City; State; Zip Code			  -
		10001 WOODLOCH FOREST WOO	ODLANDS, IA		 
					l of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
		ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE	AS NEEDED	

Texas Ethics Com	mission	P.O. Box 12070	Austin, Tex	(as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
1		ONTRIBUTIO PLEDGES C		NS 2013 JAN 15	RK DEPT.	SCHEDULE <b>A</b>
The	Instruction	Guide explains how to	complete this		1 Total pages Sch	edule A:
2 FILER NAME	MICHIE	EL NOE			3 ACCOUNT # (E	thics Commission Filers)
4 Date 07/25/12	WORTH	ING JACKMAN tor address; City; Sta	of-state PAC (ID#		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job ti	tle (See Instructions)		10 Employer (See	<u> </u>	
Date 07/25/12	RON 	MITTELSTAEDT	t-of-state PAC (ID#_ ate; Zip Code EL DORAD	O HILLS, CA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occu	pation / Job ti	tle (See Instructions)	•	Employer (See		of Texas, complete Schedule T)
Date 07/25/12	P. J.	SHEA	t-of-state PAC (ID#_ ate; Zip Code		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
						of Texas, complete Schedule T)
Principal occu	pation / Job ti	tle (See Instructions)		Employer (See 1	Instructions)	
Date 07/25/12	DAVI Contribu	D HALL	t-of-state PAC (ID#_ ate; Zip Code EL DORA		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occu	pation / Job ti	tle (See Instructions)		Employer (See		of Texas, complete Schedule T)
Date 07/25/12	LINE	BARGER GOGGA	ate; Žip Code	N, TX 78760	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occu	pation / Job t	tle (See Instructions)		Employer (See		of Texas, complete Schedule T)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 JAN 15 PH 5: 03

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Printing Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	, in the same of t
1 Total pages Schedule F:	2 FILER NAME MICHIEL NOE		3 ACCOUNT # (Ethics Commission Filers)
Date 07/06/12	5 Payee name ZIPPY PRINTING		
Amount (\$)	7 Payee address; City; State; Zip Code		
45.74	2855 PERSHING DR EL PASO	), TX 79903	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	1	avel outside of Texas, complete Schedule T)
EXPENDITURE	PRINTING EXPENSE	INVITATION	S, ENVELOPES
• Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 07/11/12	Payee name PATE AND APPLEBY LLP		
Amount (\$)	Payee address; City; State; Zip Code		
113.00	1011 MONTANA EL PASO	O, TX 79902	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	ACCOUNTING EXPENSE	ACCOUNTIN	G SERVICES
Complete ONLY if direct expenditure to benefit C/O	I Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
07/18/12	LANDRY'S SEAFOOD HOUSE		
Amount (\$)	Payee address; City; State; Zip Code		
699.48	6801 GATEWAY WEST EL PAS	O, TX 79925	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	FUNDRAISE	R EVENT
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
10/03/12	PATE AND APPLEBY LLP		
Amount (\$)	Payee address; City; State; Zip Code		
319.00	1011 MONTANA EL PAS	O, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

Texas Ethics Commission

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

(TDD 1-800-735-2989)

CITY CLERK DEPT.

#### **POLITICAL EXPENDITURES**

2013 JAN 15 PH 5: 03

(512) 463-5800

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services S Food/Beverage Expense T Polling Expense T Printing Expense C	Solicitation/Fundraising Expense Travel In District Travel Out Of District		Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) irm.
1 Total pages Schedule F:	2 FILER NAME MICHIEL NOE			3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/28/12	5 Payee name LOPEZ MARKETING		***	
6 Amount (\$)	7 Payee address; City; State	; Zip Code		
110.13	11169 LA QUINTA PLACE	EL PA	ASO, TX 799	36
8 PURPOSE	(a) Category (See categories listed at the top of	this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE		WEBSITE	RENEWAL
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	ht Office held
Date 08/28/12	Payee name PATE AND APPLEBY LL	.P		
Amount (\$)	Payee address; City; State	; Zip Code		
404.00	1011 MONTANA	EL PASC	), TX 79902	
PURPOSE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ACCOUNTING EXPENSE		ACCOUNT	TING SERVICES
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt Office held
Date	Payee name			
Amount (\$)	Payee address; City; State	; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/			Office sough	ht Office held
	ATTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS	NEEDED